PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patients
P.O. Box 1450
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as included unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

maintenance fee notification		ierwise in block 1, by (•			ADDRESS 101
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
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SMITH-HILL A 16100 NW CORN BEAVERTON, O	ELL ROAD, SUI	l he Stat add tran	I hereby certify that this Fee(s) Transmits is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (\$71) 273-2885, on the date indicated below.				
		(Depositor's name)					
			(Signature)				
				(Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION		MATION NO.
10/579,957 08/07/2006 Jonathan Charles Shepley Booth SWIN 3487 9257 TITLE OF INVENTION: INORGANIC PIGMENTS							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE D	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810) 0	19/02/2009
EXAMINER		ART UNIT	CLASS-SUBCLASS	1			
SLIFKA, COLIN W		1793	106-403000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the p	atent front page, lis	t		
CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the area of a right firm (having as a member a 2				
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered atomey or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed attorneys or agents.				
3. ASSIGNEE NAME AN	D RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or ty	pe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
LOUGHBOROUGH UNIVERSITY Loughborough, United Kingdom							
ENTERPRISES LIMITED Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are submitted: 4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)							
Issue Fee Dublication Fee (No	☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached.						
Advance Order - # o		Director is hereby authorized to charge (DEXEMPLEM 18), any deficiency, or credit any payment, to Deposit Account Number _19_256 (Cenclose an extra copy of this form).					
5. Change in Entity Statu:			b. Applicant is no lon				
NOTE: The Issue Fee and I interest as shown by the rec							
Authorized Signature	MMCX.	8	Date August 19, 2009				
Typed or printed name			Registration No. 27,730				
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